

## **Naval Dental Center Gulf Coast**

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### **Command Description**

#### **1. Command Environment**

##### **a. What are your Command's primary services? (Include training programs).**

Naval Dental Center Gulf Coast (NDCGC) is aligned under CNET with resource and technical assistance provided by BUMED and HSO Jacksonville, Florida. The Headquarters for NDCGC is located in building 624 at the Naval Air Station, Pensacola, FL. The Command provides services to 14 branch dental clinics and 3 annexes located in five states across the Gulf Coast region. NDCGC provides comprehensive dental services in support of combat readiness and training missions for more than 200 shore and fleet commands including Army, Navy, Air Force, Coast Guard, Reserves and National Guard units. In addition, NDCGC is involved in two dental services training programs. The Advanced Education in General Dentistry (AEGD) provides new accession Dental Officers a 12-month training program in preparation for operational assignments. Administrative support is provided for students attending Pensacola Junior College where enlisted sailors are enrolled in a full time out-service accredited program of Dental Hygiene. This two-year degree program qualifies students for the dental technician NEC 8708.

##### **b. What are your vision, mission, and values?**

Mission: To maximize the dental health and wellness of our patients.

Vision: To be the benchmark provider of dental health.

The basic tenets of our corporate values are expressed in our guiding principles, strategic goals, and the Commanding Officer's philosophy, which focuses on commitment, customer service, efficiency, integrity, and professional pride. NDCGC practices and reevaluates these values while adhering to Navy traditions focusing on mission success.

##### **c. How many of your staff and what portion of your services are provided through contracts or resource sharing?**

Staff Personal Service Contractors:

- (a) 11% (6) of the 52 dentists are contractors.
- (b) 73% (10.5) of the 16.5 dental hygienists are contractors.
- (c) 15% (27) of the 175 dental assistants are contractors.

Other contract or resource sharing services provided:

- (a) Supplemental patient care contracts between the BDC's at New Orleans and Mid-South and the VA Medical Centers caring for a small portion of our oral surgery patients.
- (b) All vehicle leases are provided by host command PWCs.
- (c) Host-tenant base support at all BDC and Annex sites.
- (d) Linen laundering contracts between NDCGC branch clinics and VA Medical Centers at Tuscaloosa, AL, Little Rock, AR, Dallas, TX, and Biloxi, MS.
- (e) Safety guidance and inspections provided by NH Pensacola as all branch dental clinics are co-located with medical.

##### **d. What are your unique safety requirements?**

NDCGC utilizes the Safety Department at the Naval Hospital Pensacola to ensure compliance with OSHA and other federal and state safety organizations. The Disaster Preparedness Officer (DPO) focuses on potential disasters such as hurricanes, floods, tornadoes, and mass casualties. The role of the DPO is to ensure that NDCGC is in full compliance with base and local disaster preparedness guidelines. The DPO and his/her assistant oversee the securing of and maintaining of local branch dental clinics during disaster situations. Mortuary teams and stand by staff fall under the DPO when a disaster occurs. NDCGC is the first command to beta test NDRI's mercury abatement program developed in Great Lakes. It has now been installed throughout the branch dental clinics of NDCGC. This system is designed to filter mercury into containers for safe disposal.

**e. What are your major technologies, equipment, and facilities?**

**Major Technologies:**

Our people use state of the art dental technology. Examples include: dental implants, endodontic microscopes, digital radiography, cutting-edge regenerative and grafting materials, magnifying loupes, fiber optic headlamps, and the newest generation esthetic and bonded restorative materials. We routinely utilize IV sedation and nitrous oxide conscious sedation at specific locations.

**Major Equipment:**

- (1) The Command has one Mobile Dental Van for treatment of patients at remote sites.
- (2) Long-range equipment replacement programs are in place. Each facility has it's own requirements for CSR, X-Ray, reception areas/desk, lounges, heads, locker rooms and 155 Dental Treatment Rooms (DTR's).

**Facilities:**

The Command operates and fully staffs 17 stand-alone dental treatment facilities and a separate Headquarters and a dental repair facility. During the last three fiscal years, several projects were completed including:

- (1) Renovation of HQ's offices at BDC Pensacola. Project added 7 DTR's (\$215K)
- (2) Renovation of BDC NSA New Orleans, LA clinic spaces. (Medical and Dental \$595K)
- (3) Renovation of BDC CBC Gulfport, MS (\$51K)
- (4) Addition to BDC Ingleside, TX. Expanded from 2,200 to 4,400 square feet. (\$570K)
- (5) Relocation of radiology room at BDC Mid-South, Millington, TN. (40K)
- (6) Opening of a two operator annex clinic on the East Bank, New Orleans, LA (\$30K)
- (7) Addition of three operatories for sealant technicians at NATTC, Pensacola, FL (\$52K)

**f. What is your current staffing, broken out by officers, enlisted, civilians, contractors, and foreign nationals?**

	<b><u>Authorized</u></b>	<b><u>On Board</u></b>
Dental Officers (4 AEGD)	54	52
MSC Officers	3	3
Enlisted	126	126
DEPMEDS	8	9
GS Assistant	15	15
GS RDH	6	6
GS Admin	10	9
Contract Dentist	7	6
Contract RDH	11	11
Contract Assistant	26	26
<b>TOTAL</b>	<b>266</b>	<b>263</b>

## **2. Organizational Relationships**

### **a. How does the DTF fit into the base organization and local healthcare network?**

NDCGC is a tenant Command of Naval Air Station Pensacola. There is also a close working relationship with the Naval Hospital Pensacola. Five of the co-located medical-dental branch sites have been mobilization sites for reserve activation. Each branch has a Director who interfaces with his/her medical counterpart in health promotion and supports the line Commanders mission readiness. Dental corps officers are active in the local dental society and were instrumental in the approval of a local referendum to adopt a drinking water fluoridation program.

### **b. What are your key patient/customer groups? What are their key requirements for your services?**

Population Served: The Command serves over 34,000 active duty permanently assigned personnel, 17,000 reserve personnel and supports a 37,000 annual student throughput primarily at NATTC and NAS Pensacola, NTTC Corry Station and NTTC Meridian. Breakdown by branch of service is as follows:

- Navy-26,400
- Marine Corps-3,200
- US Army-2,300
- Air Force-2,100
- Coast Guard-1,600
- Foreign Military-450

In order to meet ODR requirements in this area of responsibility, a great deal of flexibility and close liaison with line Commanders is imperative. NDCGC services operational units with missions profiled as short and long term training programs such as aircrew, flight and dive training, and deployable fleet activities such as ships and construction battalions. Each vary in schedule, time in port, availability and perstempo. To avoid program attrition and achieve scheduled throughput, students must meet specific dental readiness requirements. Operational tempo varies based on world wide naval deployment commitments, crew turnaround time, and operational dental care availability.

### **c. What are your most important types of suppliers and partners and your most important supply requirements? What are your key supply chain management and partnership mechanisms?**

Naval Dental Center Gulf Coast was the first dental command to implement the Indefinite Delivery-Indefinite Quantity (IDIQ) concept with NAVMEDLOGCOM.

#### **a. Types and numbers of external suppliers of goods and services:**

- (1) Naval Hospital Pensacola Materials Management Department purchases all buys over \$2,500.00.
- (2) Government forms supplied by DAPS.
- (3) ECATS "Prime Vendor Type" contracted suppliers. 8 vendors on system.
- (4) Commercial vendors that fulfill all remaining supply requirements.
- (5) Prosthetics laboratory purchased services with multiple vendors at all branch clinic sites.
- (6) Personal service contracts – 5 ISAs and 48 IDIQs

#### **b. Partnerships:**

- (1) NDCGC is particularly proud of the partnership that has been developed with the Dental Assistant and Dental Hygiene schools at Pensacola Junior College (PJC).

- (2) MOU between NDCGC and the University of Tennessee in Memphis, TN Dental Hygiene Program.
- (3) MOU between Del Mar College in Corpus Christi, TX and their Dental Assistant Program.
- (4) MOU between NDCGC and Naval Hospital Pensacola, Naval Operational Medicine Institute, and the Naval Aerospace Medical Research Laboratory. The purpose is to establish mutually beneficial relationships, reduce costs and share expertise and manpower.
- (5) MOU between NDCGC and Naval Hospital Corpus Christi for IMIT support for the four co-located Texas clinics.
- (6) Agreement with the Naval Hospital Pensacola in conjunction with the VA Medical Centers linen MOU for laundry services at 10 of our BDC's.

## **Command Challenges**

### **1. Comparative Analysis**

#### **a. What other organizations do you benchmark against, and what are your benchmarks?**

NDCGC tracks and reports to MED 06 Navy Dentistry's system wide metrics and the Composite Performance Metric. We benchmark readiness within our AOR and retention with Navy wide statistics. Fiscal is compared daily with all other BUMED budget holders on the basis of planned versus actual funds execution and quarterly obligation rate. The Command uses data collected by the composite metrics and Quarterly Metrics Summary Report to analyze our performance relative to system-wide averages. We collect data from 14 branch clinics each month in the Performance Improvement Report (PIR). We distribute performance summaries and individual branch data and command wide comparisons in the form of Excel spreadsheets and charts on a quarterly basis. These charts are displayed in all branch clinics and are utilized by directors when briefing ashore and afloat Commanding Officers.

#### **b. What is your comparative standing in these benchmarks?**

NDCGC currently ranks fourth overall in Navy Dentistry's Composite Metric benchmark. A significant improvement in ODR and DHI resulted in the overall improvement in the quarterly measures. The ESC has identified our dental officer and contract dentist production metric as an area for improvement. One of the ways we addressed this was through focus on accurate reporting via MEPRS and utilization of a patient stand by pool to minimize lost time. In the local area, three of the clinics are sharing manpower, appointments and patients to reach a common goal and promote teamwork.

### **2. Strategic Challenges**

#### **What are your key strategic challenges?**

##### **Patient Populations (operational):**

NDCGC deals with a wide variety of patient populations to include a 37K student throughput here over varying lengths of time in a year. Seabees home-ported in Gulfport MS deploy for six-month periods to Asia and Europe with unit-level dental assets. In port these assets augment NDCGC BDC Gulfport yet special liaison and coordination to integrate them as part of an efficient team takes added resources. The surface fleet in Ingleside and Pascagoula also deploy, often times with no onboard dental assets. Coordinating their care in between sea trials, workups and deployment schedules is a challenge but is improving as the Independent Duty Corpsman on each ship is offered access to DENCAS and trained on how to input dental records into the corporate system. The reserve patient population is yet another challenging group especially for 2 of our clinics which are part of a JRB. Each branch of the service enforces different levels or categories of dental readiness. All reservists are required to maintain their dental health to be

deployment ready. Experience in reserve processing has proven that they have not maintained the proper status and there are few checks to ensure compliance.

Human Resources:

NDCGC is faced with a variety of challenges. The process we are required to follow in order to alter our existing staffing structure is slow, expensive and unresponsive to our needs.

Military:

Several TFFMS packages have been submitted to alter military billets in order to put more clinicians where they are needed to support a changing population. JASS and dental detailers have had difficulty filling E7 billets Navy wide affecting NDCGC's middle management.

Civilian:

HRO has been centralized to Stennis AFB and despite automation efforts are extremely cumbersome and slow in processing staffing actions. From initial job advertisement to certification receipt often takes a month. Completion of the entire process usually takes 6 months.

Contract:

Contract positions in remote areas are frequently difficult to fill with high turnover rates due to noncompetitive wages.

Business Challenges:

IMIT Support: NDCGC's pathway to the internet for 13 clinics and headquarters is managed by the NH Pensacola and in our Texas Clinics by NH Corpus Christi. Reliance on a host for services as important as internet and mail server LAN management places us last on any priority list for maintenance, desktop assistance, and trouble call response. Resolution of conflicts regarding bandwidth and access is time consuming and might be easier controlled under active directory if the command was given equal precedence by NMIMC.

### **3. Performance Improvement System**

#### **How do you maintain a command focus on performance improvement?**

The published Strategic and Annual Plans are posted and discussed at each facility. Command site visits, The Dental Mirror, Command web site, ESC and ECODS minutes, Command conferences, and e-mail are used to communicate the mission and focus of the Command.

Performance expectations are set by the CO and ESC to align with Dental Corps policy and direction. Targets are set by APGs and through reporting requirements, such as the monthly Performance Improvement Reports (PIRs) and Command and composite metrics.

The Command leaders monitor their own effectiveness through progress toward targets (metrics), APG success, indirect feedback during clinic site visits, via e-mail, telephone consultations, semi-annual Command conferences, Captain's call, and MED-06 quarterly teleconferences.

The Command suite reviews the clinic PIRs monthly on a shared drive and provides comments electronically. The PIR contains ODR, DHI, % Class 3 and 4, % prophies, access to care in seven areas, failure rate (including number of appointments and percentage successfully filled), total production, and areas of concern with recommendations/solutions. The ESC reviews monthly and quarterly dashboard elements: composite metrics, prosthetic outsourcing, return on investment (ROI), risk management, third party collections, status of funds, retention rate, advancements, specific awards, staffing, training, legal, and repair. ECODS discusses PIR concerns monthly. The ESC and ECODS minutes and e-mail document the reviews.

### **4. Scheduled Events**

#### **Are there any anticipated events that would make our visit difficult?**

Command Conference 15-19 April 2002, 28-29 October 2002

SG's conference August 2002

AMSUS

CO's professional organization conference 22-28 September 2002

CO's TAD 11-25 June 2002